



**HAWAII STATE ETHICS COMMISSION**  
1001 BISHOP STREET, ASB TOWER 970  
P.O. BOX 616, HONOLULU, HAWAII 96809  
TEL: 587-0460 FAX: 587-0470  
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STATE OF HAWAII  
STATE ETHICS COMMISSION

## LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

<b>PART I LOBBYIST</b>			
NAME(Last)	(First)	(Middle)	TELEPHONE
Rolf	David	Henry	(808)593-0031
MAILING ADDRESS (Street)			FAX
1100 Alakea Street Suite 2601 Honolulu, HI 96813			(808)593-0569
(City)			(State)
(City)			(Zip Code)
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE
MAILING ADDRESS (Street)			FAX
(City)			(State)
(City)			(Zip Code)

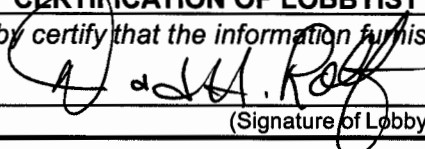
<b>PART II ORGANIZATION</b>	
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)	TELEPHONE
Hawaii Automobile Dealers Association	(808)593-0031
MAILING ADDRESS (Street)	FAX
1100 Alakea Street Suite 2601 Honolulu, HI 96813	(808)593-0569
(City)	(State)
(City)	(Zip Code)
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT	TELEPHONE
David Rolf	(808)593-0031
MAILING ADDRESS (Street)	FAX
1100 Alakea Street Suite 2601 Honolulu, HI 96813	(808)593-0569
(City)	(State)
(City)	(Zip Code)

**PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY**

Agriculture	<input checked="" type="checkbox"/> Education	Human Services	Science, Technology & Economic Development
Communications & Public Utilities	Government Operations & Finance	Intergovernmental Relations, International Affairs	Tourism & Recreation
<input checked="" type="checkbox"/> Consumer Protection & Commerce	Hawaiian Affairs	Labor & Employment	<input checked="" type="checkbox"/> Transportation
Culture, Arts, Historic Preservation	<input checked="" type="checkbox"/> Health	Planning, Land & Water Use Management	Other: (indicate below)
Ecology, Energy Environmental Protection	Housing	Public Safety & Corrections	_____
			_____

**PART IV CERTIFICATION OF LOBBYIST**

*I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.*

  
(Signature of Lobbyist)

January 26, 2005

(Date)

**PART V AUTHORIZATION TO LOBBY**

NAME	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED
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Ben Nakaoka

Treasurer

NAME OF ORGANIZATION (if applicable)

Hawaii Automobile Dealers Association

TELEPHONE

(808) 593-0031

MAILING ADDRESS (Street)

1100 Alakea Street Suite 2601 Honolulu, HI 96813

FAX

(808) 593-0569

(City)

(State)

(Zip Code)

*I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.*

  
(Signature of Authorizing Officer or Person Represented)

January 26, 2005

(Date)